



APPLICATION TO OBTAIN RETURNED BALLOTS INFORMATION

This agreement is between the following applicant and the City of Burbank/City Clerk for the purpose of obtaining access to voter registration information pursuant to California Elections Code Section 2188. Please print necessary information.

Applicant's Name:		
Residence / Business Address:		
City:	Zip:	Telephone: ()
Email Address:		

Complete the following if information is requested on behalf of an organization or individual other than applicant.

Organization/Individual Name:		Telephone: ()
Address:	City:	Zip:
Name of Individual Authorizing Applicant:		

Information Requested:

<input type="checkbox"/> Returned Ballot Reports	<input type="checkbox"/> Other(Please specify) _____

The City Clerk is not responsible for materials which are lost or damaged in the mail.	

This application is submitted for _____ year, commencing from _____ to _____
(month) (month)

REGISTRATION INFORMATION WILL BE USED FOR THE FOLLOWING PURPOSE: _____

AGREEMENT

In signing this agreement I understand registration information may be used solely for election, scholarly, journalistic or political research or governmental purposes as defined in Sections 2194 and 6254.4 of the Elections and Government Codes. I also hereby certify that according to the Secretary of State's guidelines I am eligible to obtain confidential voter registration information.

I further agree not to sell, lease, loan or deliver possession of the registration information, a copy thereof, or any portion thereof, to any person, organization or agency without written authorization to do so from the Burbank City Clerk's Office. I further understand that it is a misdemeanor and the monetary penalties may be assessed for the misuse of registration information. (Section 18109 of the Elections Code.)

I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Executed on (date) _____ at (location) _____

Signature of Applicant _____ Driver's License No. _____

Office Use only	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	By: _____	Date: _____
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